



JFW

## AMENDMENT TRANSMITTAL LETTER

Docket No.  
68482-00002USPX

Application No. 10/734925-Conf. #2233	Filing Date December 12, 2003	Examiner D. D. Greene	Art Unit 3762
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Applicant(s): Axel L. Bernhard et al.

Invention: ELECTRO STIMULATION TREATMENT APPARATUS AND METHOD

### TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 25 =		x	
Independent Claims		- 4 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					450.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					450.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 10-0447 in the amount of \$ . A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 450.00 to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 10-0447 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: May 19, 2006

Michael W. Maddox

Attorney/Agent Reg. No.: 47,764

JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION  
1445 Ross Avenue, Suite 3700  
Dallas, Texas 75202  
(202) 326-1500

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 19, 2006

Signature: (Marcy Overstreet)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	450.00
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**Complete if Known**

Application Number	10/734925-Conf. #2233
Filing Date	December 12, 2003
First Named Inventor	Axel L. Bernhard
Examiner Name	D. D. Greene
Art Unit	3762
Attorney Docket No.	68482-00002USPX

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_  
 Deposit Account    Deposit Account Number: 10-0447    Deposit Account Name: Jenkins & Gilchrist, a Professional Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
25	- 25 =	x	=	

HP = highest numer of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
4	- 4 =	x	=		

HP = highest numer of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge): 1252 Extension for response within second month      450.00

**SUBMITTED BY**

Signature	<u>Michael W. Maddox</u>	Registration No. (Attorney/Agent)	47,764	Telephone	(214) 855-4614
Name (Print/Type)	Michael W. Maddox	Date	May 19, 2006		

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Dated: May 19, 2006

Signature: Marcy Overstreet (Marcy Overstreet)